

1907

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>194</u>
District of <u>Hayden, Ariz.</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>812</u>
Town of <u>Hayden, Ariz.</u>			Local Registrar No. <u>48</u>
or			
City of <u>Hayden</u>	No. <u>1</u>	St. <u>1</u>	Ward <u>1</u>
If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make supplemental report, as directed.			
2. Full name of child <u>James Rodney Hastings</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>yes</u>	5. Legitimate? <u>yes</u>
7. Date of birth <u>Nov. 30, 1923</u>		Month <u>Nov</u> day <u>30</u> year <u>1923</u>	
3. FATHER		14. MOTHER	
Full name <u>James Franklin Hastings</u>		Full maiden name <u>Bertha Louise Camp</u>	
9. Residence (Usual place of abode) <u>Hayden, Arizona</u>		15. Residence (Usual place of abode) <u>San Antonio, Texas</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White, U.S.A.</u>		16. Color or race <u>White, U.S.A.</u>	
11. Age at last birthday <u>32</u> (Years)		17. Age at last birthday <u>31</u> (Years)	
12. Birthplace (city or place) <u>Stockdale, Texas</u>		18. Birthplace (city or place) <u>San Antonio, Texas</u>	
(State or country)		(State or country)	
13. Occupation <u>Mill Worker</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Nov 30, 1923</u> at <u>8:20 p.m.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		(Born alive)	
Signature <u>P. M. Butler</u>		(Physician or midwife)	
Address <u>Winkelman, Ariz.</u>			
Given name added from a supplemental report		Filed <u>Dec 10, 1923</u>	
Month, day, year.		Filed <u>1-8, 1924</u>	
Registrar.		County Registrar.	

182-1130-237